


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90018 035 ****61.25

DOCUMENT # N92000000769 1. Entity Name THE NOCATEE UNITED METHODIST CHURCH, INC.					
Principal Place of Business P.O. BOX 393 NOCATEE, FL 34268 US			Mailing Address P.O. BOX 393 NOCATEE, FL 34268 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0393818	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RICE, ROBERT D 2470 SW CHARLOTTE ST ARCADIA, FL 34266				Name FRANCIS PITTS Street Address (P.O. Box Number is Not Acceptable) 2798 SE NORMAN AVE City ARCADIA FL Zip Code 34266	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Francis Pitts</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1-30-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE, ROBERT D 2470 SW CHARLOTTE ST ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PITTS, FRANCIS 2798 SE NORMAN AV ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOFLIN, RONALD 720 PARKVIEW RD ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS BLITCH, JIM 3711 SE ARTHURST ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINNAMAN, SHARON 2978 SE CREEKWOOD TER ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LL MARRY, BETTY 5901 SE AIRPORT RD ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAB PITTS, NANCY 2798 SE NORMAN AVE ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LL/S PITTS, NANCY 2798 SE NORMAN AV ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ronald Loflin</i> RONALD LOFLIN 1-27-06 863-491-0367 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					